

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
0 Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community YCAFS
 years, months or days)

3. (a) PRINT

FULL NAME Margaret B. Erb.

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female

5. Color or
 race White

6. (a) Single, widowed, married,
 divorced 1

6. (b) Name of husband or wife

Ed. Erb.

6. (c) Age of husband or wife if

alive 72 years

7. Birth date of deceased

February 4, 1870

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

71

4

16

hr. min.

9. Birthplace

(City, town, or county)

Ill.

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name James Madden

13. Birthplace

(City, town, or county)

Ireland

(State or foreign country)

14. Maiden name Anna Gleason

15. Birthplace

(City, town, or county)

Ireland

(State or foreign country)

16. (a) Informant Mrs. W.T. Nelson

(b) Address Walla Walla, Washington

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof June 23, 41

(Month), (Day) (Year)

(c) Place; burial or cremation Catholic, Martinsburg

18. (a) Signature of funeral director

Paul E. Ryck

(b) Address Mexico, Mo.

19. (a) June 23-41

(Date received local registrar)

(b) Blanche Neely

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
 (c) City or town Rual (If outside city or town limits, write "RURAL")
 (d) Street No R.F.D. Martinsburg (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from

May 18 19 41 to June 20 19 41
 that I last saw her alive on June 20
 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition
Carcinoma of stomach

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

23. Signature Paul E. Ryck (M. D. 11)

Address Mexico Mo. Date signed 6/21/41

RECEIVED

District Health Officer No. 10

District File Number 7-41-1248

Date Filed JUL 10 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

-Earl W.E. Procht

Registered Apprentice No.....

working under my personal supervision.

Signed

Earl W. Procht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.